

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019365**

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1					
2	1					
3		2				
4		①				
5	1					
6		1				
7		2				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17		①				
18		1				
19		①				
20		①				
21		①				
22		①				
23		1				
24		①				
25		①				
26		①				
27		①				
28		①				
29		①				
30		①				
31		①				
32		①				
33		①				
34		①				
35		①				
36		①				
37		①				
38		①				
39		①				
40	1					
41		①				
42	1					
43		1				
44		①				
45		①				
46		①				
47		①				
48		①				
49		①				
50		①				
TOTAL IND.		↓		↓		↓
TOTAL DER.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
51		①				
52		①				
53		①				
54		①				
55		①				
56	1					
57		①				
58		①				
59		①				
60						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	60	↓		↓		↓
TOTAL DER.	55	↓		↓		↓
TOTAL CLAIMS	61					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS